



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
**08/04/2015**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Steven P Hagar Insurance Services</b> 41891 Kalmia St Suite B Murrieta, CA 92562 License #: 0700596	CONTACT NAME: <b>Kim Ransom</b>	FAX (A/C No.): <b>(951)698-3411</b>	
	PHONE: <b>(951)677-3631</b>	E-MAIL ADDRESS: <b>kim@hagarinsurance.com</b>	
INSURED <b>SAN DIEGO PRESSURE WASHING, WINDOWS &amp; PROPERTY MAINTENANCE</b> PO Box 600595 San Diego, CA 92160-0595	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>Atain Insurance Company</b>		
	INSURER B: <b>Mercury</b>		<b>38342</b>
	INSURER C:		
	INSURER E:		

COVERAGES      CERTIFICATE NUMBER: **00000000-86108**      REVISION NUMBER: **24**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBS INSR. WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGRGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRC <input type="checkbox"/> SUCT <input type="checkbox"/> LOC OTHER	<b>Y</b>	<b>CIP239402</b>	<b>11/22/2014</b>	<b>11/22/2015</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (if applicable) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGRGATE \$ <b>2,000,000</b> PRODUCTS - COMPOR AGG \$ <b>2,000,000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> ANY OWNED AUTOS <input checked="" type="checkbox"/> HIRE/AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/>		<b>BA040000007720</b>	<b>07/28/2015</b>	<b>07/26/2016</b>	COMBINED SINGLE LIMIT (if applicable) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/BENEFITARY (Mandatory in NH) 1 yrs. describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b> <input type="checkbox"/> <b>N/A</b>				PER REALITY <input type="checkbox"/> OTHER <input type="checkbox"/> LL EACH ACCIDENT \$ LL DISEASE - CA EMPLOYER \$ CL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Ten (10) days notice of cancellation for non-payment only. Vendor ID: 689566  
R&V MANAGEMENT CORPORATION AND THE OWNERSHIP ENTITY(S) OF THEIR OWNED OR MANAGED PROPERTIES, EACH OF THEIR RESPECTIVE AFFILIATED, RELATED, PARENT AND SUBSIDIARY COMPANIES, AND EACH OF THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, LENDERS AND RECEIVERS are additional insured on the general liability policy solely in regard to work performed by the named insured, to the insurance certificate.

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

(KIM)